

PTO/SB/01 (09-04)

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# DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

☐ Declaration  
Submitted  
with Initial  
Filing

OR

☒ Declaration  
Submitted after  
Initial  
Filing (surcharge  
(37 CFR 1.18(e)))

Attorney Docket  
Number 49288.1500  
First Named Inventor Go WATANABE, et al.

## COMPLETE IF KNOWN

Application Number 10/550,819  
Filing Date September 23, 2005  
Art Unit TBA  
Examiner Name TBA

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

SURGICAL HOLDER FOR A BLOOD VESSEL

(Title of the invention)

the specification of which

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) 09/23/2005 as United States Application Number or PCT International  
Application Number 10/550,819 and was amended on (MM/DD/YYYY) 09/23/2005 (if

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365 (a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT International application having a filing date before that of the

| Prior Foreign Application Number(s) | Foreign Filing Date (MM/DD/YYYY) | Priority Not Claimed | Certified Copy Attached?                                            |
|-------------------------------------|----------------------------------|----------------------|---------------------------------------------------------------------|
| PCT/IB2004/050314                   | IB                               | 03/23/2004           | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 2003-082438                         | JP                               | 03/25/2003           | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 2003-334379                         | JP                               | 09/25/2003           | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/C2B attached hereto.

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## DECLARATION — Utility or Design Patent Application

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                    |                                                                               |                                                          |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|-------------------------------------------------------------------------------|----------------------------------------------------------|--|
| Direct all correspondence to: <input checked="" type="checkbox"/> The address associated with Customer                                                                                                                                                                                                                                                                                                                                                                           |  | 20322                              |                                                                               | OR <input type="checkbox"/> Correspondence address below |  |
| Name<br>Michael K. Kelly, Snell & Wilmer L.L.P.                                                                                                                                                                                                                                                                                                                                                                                                                                  |  |                                    |                                                                               |                                                          |  |
| Address<br>One Arizona Center, 400 E. Van Buren Street                                                                                                                                                                                                                                                                                                                                                                                                                           |  |                                    |                                                                               |                                                          |  |
| City<br>Phoenix                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | State<br>AZ                        |                                                                               | ZIP<br>85004-3202                                        |  |
| Country<br>USA                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  | Telephone<br>602-382-6291          |                                                                               | Fax<br>602-382-6070                                      |  |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> |  |                                    |                                                                               |                                                          |  |
| NAME OF SOLE OR FIRST INVENTOR :                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                                    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                                                          |  |
| Given Name (first and middle (if any))<br>Go                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | Family Name or Surname<br>WATANABE |                                                                               |                                                          |  |
| Inventor's Signature<br><i>Go Watanabe</i>                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | Date<br>Feb. 13 2006               |                                                                               |                                                          |  |
| Residence: City<br>Ishikawa                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | State                              |                                                                               | Country<br>JAPAN                                         |  |
| Mailing Address<br>3-2-10, Nagasaka, Kanazawa-shi                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                    |                                                                               |                                                          |  |
| City<br>Ishikawa                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  | State                              |                                                                               | Country<br>Japan                                         |  |
| NAME OF SECOND INVENTOR:                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |                                    | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                                                          |  |
| Given Name (first and middle (if any))<br>Yoshiki                                                                                                                                                                                                                                                                                                                                                                                                                                |  | Family Name or Surname<br>SAWA     |                                                                               |                                                          |  |
| Inventor's Signature<br><i>Yoshiki Sawa</i>                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Date<br>Jan 13, 06                 |                                                                               |                                                          |  |
| Residence: City<br>Hyogo                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | State                              |                                                                               | Country<br>JAPAN                                         |  |
| Mailing Address<br>8-3, Kendancho, Nishinomiya-shi                                                                                                                                                                                                                                                                                                                                                                                                                               |  |                                    |                                                                               |                                                          |  |
| City<br>Hyogo                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  | State                              |                                                                               | Country<br>JAPAN                                         |  |
| <input checked="" type="checkbox"/> Additional Inventors or a legal representative are being named on 1 supplemental sheet(s) PTO/SB/02A or 02LR are attached                                                                                                                                                                                                                                                                                                                    |  |                                    |                                                                               |                                                          |  |

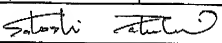
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## DECLARATION

ADDITIONAL INVENTOR(S)  
Supplemental Sheet

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|                                                                  |                                                                                   |                                                                               |                 |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|-------------------------------------------------------------------------------|-----------------|
| Name of Additional Joint Inventor, if any:                       |                                                                                   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |
| Given Name (first and middle (if any))                           |                                                                                   | Family Name or Surname                                                        |                 |
| Satoshi                                                          |                                                                                   | TAKETANI                                                                      |                 |
| Inventor's Signature                                             |  |                                                                               | Date 10/24/2005 |
| Residence: City                                                  | Osaka                                                                             | State                                                                         | Country JAPAN   |
| Citizenship JAPAN                                                |                                                                                   |                                                                               |                 |
| Mailing Address 5-13-3-2804, Nakanosho, Miyakojima-ku, Osaka-shi |                                                                                   |                                                                               |                 |
| City                                                             | Osaka                                                                             | State                                                                         | ZIP 534-0027    |
| Country Japan                                                    |                                                                                   |                                                                               |                 |
| Name of Additional Joint Inventor, if any:                       |                                                                                   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |
| Given Name (first and middle (if any))                           |                                                                                   | Family Name or Surname                                                        |                 |
|                                                                  |                                                                                   |                                                                               |                 |
| Inventor's Signature                                             |                                                                                   |                                                                               | Date            |
| Residence: City                                                  |                                                                                   | State                                                                         | Country         |
| Citizenship                                                      |                                                                                   |                                                                               |                 |
| Mailing Address                                                  |                                                                                   |                                                                               |                 |
| City                                                             |                                                                                   | State                                                                         | ZIP             |
| Country                                                          |                                                                                   |                                                                               |                 |
| Name of Additional Joint Inventor, if any:                       |                                                                                   | <input type="checkbox"/> A petition has been filed for this unsigned inventor |                 |
| Given Name (first and middle (if any))                           |                                                                                   | Family Name or Surname                                                        |                 |
|                                                                  |                                                                                   |                                                                               |                 |
| Inventor's Signature                                             |                                                                                   |                                                                               | Date            |
| Residence: City                                                  |                                                                                   | State                                                                         | Country         |
| Citizenship                                                      |                                                                                   |                                                                               |                 |
| Mailing Address                                                  |                                                                                   |                                                                               |                 |
| City                                                             |                                                                                   | State                                                                         | ZIP             |
| Country                                                          |                                                                                   |                                                                               |                 |

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